



HOW TO



Addressee Copy

Label 11-F June 2002

Post Office To Addressee

UNITED STATES POSTAL SERVICE®

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT) **PHONE ()**

FROM: (PLEASE PRINT) **PHONE ()**

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W A V E R O F S I G N A T U R E (D o m e s t i c O n l y) Additional merchandise insurance is valid if waiver of signature is requested. With delivery to be made without obtaining signature of addressee or addressee's agent if delivery to be made to signature constitutes valid proof of delivery.

NO DELIVERY **Weekend** **Holiday**

Customer Signature

ORIGIN (POSTAL USE ONLY)		Flat Rate Envelope	
PO ZIP Code	Day of Delivery	<input type="checkbox"/> Next	<input type="checkbox"/> Second
		Postage	
Date In.		<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM
Mo. Day		\$	
Time In		Return Receipt Fee	
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day
Weight	lbs. ozs.	Int'l Alpha Country Code	COD Fee
No Delivery	<input type="checkbox"/> Weekend	Acceptance Client Initials	Insurance Fee
	<input type="checkbox"/> Holiday		
CUSTOMER USE ONLY		Total Postage & Fees	\$
METHOD OF PAYMENT: Express Mail Corporate Acct. No.			

**how many
in box.**

**PRESS HARD.
You are making 3 copies.**

www.usps.com

BEST AVAILABLE COPY